

PEARL GROUP STAFF PENSION SCHEME

Dependant's Nomination Form

I am unmarried and wish to nominate _____ to receive a dependant's pension after my death.

- * We have been living together as husband and wife for _____ year(s).
- * The above named has been living with me for _____ year(s) and is financially dependent on me/interdependent with me. His/her relationship to me is _____ (i.e. sister/uncle/friend etc).

*Delete whichever is not applicable.

I understand that payment of such a pension would be at the discretion of the Trustee of the Pearl Group Staff Pension Scheme.

NOTES

- 1) The nomination is not binding on the Trustee.
- 2) The Trustee would need to be satisfied that at the date of death the nominated person was financially dependent on or interdependent with the member wholly or to a significant extent and the relationship between them was of a permanent or long-term nature.
- 3) Any nomination will become void upon the subsequent marriage of the member or nominated person.
- 4) A nomination may be withdrawn at any time by written notice from the member.
- 5) The amount of any pension granted will be the same as that calculated under the rules in respect of widows / widowers pensions.
- 6) If you also wish to make a nomination in respect of death-in-service benefit or death benefit payable within 5 years of retirement, please contact First Actuarial for the appropriate form.
- 7) Nominations are strictly confidential to the Pearl Group Staff Pension Scheme and will not be released to the company.

DATA PROTECTION NOTICE

Under the General Data Protection Regulation (EU) 2016/679 and associated legislation, we are required to protect any information or data you provide to us. As a member of the Scheme, you consent to us processing your personal information, including sensitive personal information, as set out in this notice. We process personal information, including sensitive personal information, to enable us to administer the Scheme. Where necessary or required we may share information with various individuals or organisations. Where we use other organisations in the course of administering the Scheme, they are contractually obliged to treat any information or data passed to them as confidential. In certain limited circumstances, we may share your personal information with the sponsoring employers of the Scheme. Where necessary, we may also provide personal information to law enforcement authorities as part of a criminal investigation. Further information regarding data protection, including the Scheme's privacy notice, is available on the Scheme website.

NAME: _____

PENSION NO: _____

SIGNATURE: _____

DATE: _____

Please return your completed forms to:

First Actuarial LLP, First House, Minerva Business Park, Lynch Wood, Peterborough, PE2 6FT.